

Application for Residency

Please complete all sections and return with copies of any Power of Attorney documents

SECTION 1

Resident Information

Resident's full legal name		
Date of birth (YYYY / MM / DD)	Gender ☐ Male ☐ Female	Marital status ☐ Married ☐ Single ☐ Divorced ☐ Widowed

SECTION 2

Emergency Contacts

Two contacts, in order of preference

Contact 1 — name	Relationship to resident	Phone 1
Email		Phone 2
Contact 2 — name	Relationship to resident	Phone 1
Email		Phone 2

SECTION 3

Power of Attorney for Property

Please provide a copy of the document

Attorney 1 — name	Relationship to resident	Phone
Address	City & postal code	Email
Attorney 2 — name	Relationship to resident	Phone
Address	City & postal code	Email

SECTION 4

*Please provide a copy of the document***Power of Attorney for Personal Care**

Attorney 1 — name	Relationship to resident	Phone
Address	City & postal code	Email
Attorney 2 — name	Relationship to resident	Phone
Address	City & postal code	Email

SECTION 5

Current Family Physician

Physician name	Phone
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SECTION 6

Funeral Arrangements

Funeral home	Phone
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SECTION 7

Authorization & Signatures

I confirm that I am the Resident, or that I am authorized to sign this Application for Residency on the Resident's behalf as their Substitute Decision-Maker or Power of Attorney.

Signature (Resident / SDM / POA)	Print name	Date
Signature (Resident / SDM / POA)	Print name	Date